SCHOOL EMERGENCY MEDICAL EXEMPTION AMENDMENT

This letter is a formal amendment to _____ (child's full name) Emergency Medical Consent Form.

I, _____ (your full name) parent/guardian of _____(child's full name), DO NOT CONSENT to any and all staff (without exception) at _____ (school), at the _____ (school board), and any and all persons/people brought in by _____ (school) and or _____ (school board), ie: Public Health employees, to seek in anyway _____ (child's full name) consent for, and or to administer, any and all possible COVID 19/SARS medical procedures and treatments.

I DO NOT CONSENT to my child, _____(child's full name), from being transferred from _____ (name of child's school) to any other location without my knowledge and expressed written consent.

I DO NOT CONSENT to my child, _____(child's full name), from completing any surveys, questionnaires, quizzes or any other process by which my child's gender or sexuality is to be identified, challenged, or questioned by any teacher, student, volunteer, nurse, principle or any other agent of _____ (name of child's school).

Consent for any and all possible procedures and treatments related to COVID 19/SARS (without exception) are a private medical matter between our own medical professionals and myself, _____ (parent's name/your name).

Also, this is formal notice that I DO NOT CONSENT to any questions and or statements regarding this amendment, COVID 19/SARS or any other personal medical information and any and all of it's possible medical procedures and treatments to be directed, in any way, to my child, _____ (your child's name).

Signed: _____ Date_____

Signature of parent/guardian